



TESTIMONY

**Pamela A. Sutherland, Vice President of Public Policy
Planned Parenthood of Illinois**

Health Reform Implementation Council Public Hearing September 22, 2010

Planned Parenthood of Illinois is pleased to have the opportunity to provide testimony to the Health Reform Implementation Council. The implementation of health insurance reforms and coverage in the Exchange can have an important positive impact on access to reproductive health care.

The Patient Protection and Affordable Care Act (PPACA) will provide many women with their first opportunity to have health insurance coverage. For those who already have coverage, they will have coverage that is fairer and provides them with more of what they need. And, for some who have lost insurance, this will be their opportunity to have reliable health care coverage again. Women make the majority of health care decisions in most families, such as choosing a provider and serving as the primary caregiver for children and older adults. Provisions in federal reform will require insurance companies to provide information about coverage in a more uniform and transparent manner. Women are more likely than men to work for small businesses that don't offer health insurance and will therefore benefit from the new tax credits to help small businesses provide coverage. Young women, who tend to become uninsured once they become adults or graduate from school, will have the option to stay on that coverage up to age 26. While Illinois law already allows this, the Illinois law excludes about half of operating plans. Federal reform requires ALL plans that offer dependent coverage to offer this option.

PPIL is strongly supportive of the general insurance reforms included in PPACA. In particular, we applaud those that will improve access to reproductive health care:

- Inclusion of prescription drug (including contraception), preventive and wellness services, maternity care, and newborn coverage in basic coverage for insurance plans
- Elimination of cost-sharing for women's preventive health services
- Direct access OB/GYN services without a referral
- Elimination of pre-existing condition exclusions for children and adults
- Ban on gender rating

Although many of the health insurance reforms included in the new federal law do not go into effect until 2014, several of them could be implemented earlier. Many of the women's health provisions have already been, at least in part, included in the Illinois Insurance Code for some time. For example, there are already requirement for private insurance coverage of

contraception, Pap smears, mammograms, and direct access to OB-GYN services. (However, these provisions may not be exactly the same as the federal law.) Therefore, earlier implementation is quite possible.

While much of PPACA will benefit women, PPIL was very disappointed by the restrictions on abortion access that were included. Currently, most health insurance plans in the United States already cover abortion care. The abortion restrictions included in PPACA put women at risk of losing or having limited access to such medical care. While the State of Illinois is bound by the federal restrictions, we urge the State to implement the Exchange in a way that ensures women will have access to abortion care.

- **Insurance plans that cover abortion care must be included in the new Illinois Exchange.**
- **Insurance coverage of abortion care should not be limited to only rape, incest, or to save the life of a woman.** Currently, most insurance plans in the U. S. do not include these restrictions. Instead, they treat abortion care as they would any other medical care and allow this to be a decision made by a woman and her physician. Even the Illinois Medicaid program covers abortion care when necessary to protect a woman's health.
- **Insurance plans offered in the Exchange must disclose whether or not they cover abortion care.**
- Health plans must set up accounting systems to ensure that the appropriate segregation of payments received for coverage of non-excepted abortion services from those received for coverage of all other services. The Illinois Department of Insurance should provide assistance to insurance companies so that they comply with federal law while still providing optimum and affordable coverage and for their enrollees.

It is essential that with the implementation of health care reform, we do not create a two-tiered insurance system in which there are different rules for plans sold within the Exchange than for those sold outside of the Exchange. If insurance plans generally cover abortion care, the Exchange should have the same choices in coverage. The same goes for other aspects of women's health care. As stated above, the Illinois Insurance Code already contains numerous provisions related to women's health care coverage. Some of these provisions, but not all, are also included in the federal health reform law. For example, the Illinois Insurance Code outlines specific requirements for minimum hospital stay after childbirth and mastectomy. Women purchasing insurance within the Exchange should have a guarantee that they will have those protections in their plans. The federal health reform law bans gender rating while Illinois law does not. Women who purchase insurance outside of the Exchange should not be subject to gender rating. Whether or not a woman is covered by a plan within the Exchange or outside of it, her plan must be held to the highest standard for coverage of her health care needs as a woman.

Finally, Planned Parenthood encourages the Illinois General Assembly, the Governor and state agencies to work together to enact and implement the necessary enforcement mechanisms to make health care reform a success in Illinois. PPACA does not include certain enforcement provisions to make sure all of the elements of the new law are implemented and enforced. The State of Illinois has not provided its state regulators with the authority necessary to pick up

where the federal government left off. For example, state authority for rate review must be codified. This is especially important for women consumers who have traditionally paid more for health care coverage. Rate review is important to ensure that reproductive health care coverage does not become overpriced. If the State of Illinois does not enact this and other regulatory authority, true and meaningful implementation will be impossible.

Again, I thank you for allowing me to share with you Planned Parenthood's concerns regarding insurance reforms in health care reform implementation in Illinois. We look forward to working with the Governor, the General Assembly, and the Council to make health care reform work for the women of Illinois.

